

March 22, 2004

**Request for Proposals
for
Iowans in Transition Grant Funds
for
Fiscal Year 2005**

To Whom It May Concern:

The Iowa Commission on the Status of Women is issuing a request for proposals (RFP) for grant awards to fund program services to Iowans in Transition. Awards are contingent upon receipt of funding from the State of Iowa as appropriated by the 2004 Session of the 80th General Assembly and signed by the Governor. For these grant funds Iowan in Transition must meet the definition of displaced homemaker, single parent, or female offender. The deadline for receipt of proposals in the office of the Division on the Status of Women in the Department of Human Rights is **no later than 4 p.m. on Friday, May 28, 2004.**

Submit the original plus five copies to: Ellen Failor, Administrative Assistant
Iowa Commission on the Status of Women
Iowa Department of Human Rights
Lucas State Office Building
Des Moines IA 50319

Telephone: 515/281-4461
 800/558-4427

Enclosures: Request for Proposals
 Outline for Application Narrative
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 Budget Form - page 2

REQUEST FOR PROPOSALS

The following request for proposals has been prepared based on *Iowa Administrative Code* Section 7, Status of Women [435], Chapter 5. Grant awards are contingent upon receipt of funding from the State of Iowa as appropriated by the General Assembly and signed by the Governor for the designated fiscal year.

ELIGIBILITY FOR GRANTS

Public and private nonprofit groups are eligible to apply for state funding to provide services to Iowans in Transition. The applicant may be a free standing entity or a part of another organization. Individuals are not eligible to apply.

APPLICATION PROCESS

The completed application must be received no later than 4 p.m. on Friday, May 28, 2004, in the office of the Iowa Commission on the Status of Women. The original and five copies must be submitted; therefore, Internet or fax applications will not be accepted.

Applications will be reviewed by the Iowa Commission on the Status of Women and submitted to the Advisory Committee. The Committee will review and comment on the applications and make recommendations for the awarding of grants. The Administrator of the Division on the Status of Women, Iowa Department of Human Rights, will designate the grant recipients for Fiscal Year 2005 by July 1, 2004. Contract negotiations may take place between the applicant groups and the Administrator.

An applicant denied assistance or who wishes to file a complaint about the Iowans in Transition awards has ten days from the date of denial or complaint action to submit an appeal in writing to the Administrator of the Division on the Status of Women, Department of Human Rights. The Administrator and the Advisory Committee Chair will respond with a decision within ten days of receipt of the appeal or complaint.

RULES GOVERNING APPLICATIONS

Services

Applicants must demonstrate that they will provide or are already providing services to people who meet the definition of an Iowan in Transition as follows:

an individual who is unemployed or under-employed, and who has had, or would apparently have, difficulty finding appropriate paid employment; and

1. Is a displaced homemaker who has worked principally in the home providing unpaid household services for family members, and is or has been
 - dependent on the income of another family member but is no longer supported by that income, or
 - dependent on government assistance, or
 - supported as the parent of a minor; OR
2. Is a single parent; OR
3. Is a female offender, or a female who has a record of criminal offense.

It is also expected that the applicant will provide for the necessary support services and make these available to all who use their services.

Funding

Applicants may request funds for services provided in one fiscal year only (July 1, 2004, through June 30, 2005). Costs incurred before this fiscal year may not be reimbursed by the state grant nor may funds be carried over into the next fiscal year. Funding may be requested for less than the full year.

Reimbursement for tuition is specifically prohibited. Building, remodeling or other physical construction costs, and the purchase of real estate (except by nominal rent evaluation or monthly mortgage payments) will not be reimbursed with grant funds.

Each applicant agency will include a detailed project budget in its application for grant funds. Allowable costs include the following:

- ◆ Staff salaries, including wages and salaries. List each position, salary paid, and percentage of time devoted to this project.
- ◆ Fringe benefits, including the cost of FICA, Worker's Compensation, health insurance, etc., provided to staff.
- ◆ Job related staff travel for program business at the usual, customary and reasonable rate for private vehicles, meals, or over night accommodations; and coach fare on public transportation systems. If the sponsoring organization does not have travel rate limitations, the state travel rates may be used as a guide.
- ◆ Contract services, including the rate of payment and the cost of services contracted for administration of the agency and those for the provision of services.
- ◆ Operational expenses, including the costs (and calculations) for renting or leasing facilities, utilities, telephone, maintenance, office supplies, postage, duplication and printing costs, and other costs incurred in the operation of the program.
- ◆ Other expenses may include necessary support services for participants.

All funds awarded through this grant must be applied toward the costs of the authorized program.

GRANT LIMITATIONS

Funding will be limited by the amount of the appropriation received from the General Assembly.

In view of the limitation of funds for Iowans in Transition services, it is advisable that any service program obtain funding from multiple sources, and that it maintain a continuous search for funding from public and private sources on local, state, and national levels.

The Iowa Commission on the Status of Women may make available to current grantees any funds that may revert due to the termination of grant contracts and any resources that may accrue from contributions to the Commission for the Iowans in Transition program.

CRITERIA

The following factors will be considered in selecting proposals:

- Demonstrated need for the service in the program area served;
- Community support demonstrated and the relationship with existing agencies;
- Emphasis in the plan on helping clients achieve economic self-sufficiency through education, training, and job placement in conjunction with other agencies;
- General program structure including, but not limited to, how well goals can be met, how realistic the objectives are, the administration of funds, stability of the organization, the overall quality in comparison to other proposals and the services offered; and
- Plans for using the requested funds.

GRANT APPLICATION

The grant application or proposal consists of three parts:

- Face sheet (form attached) PAGE 1
- Estimated budget (form attached) PAGE 2
- Narrative proposal (closely follow attached outline); number pages beginning on page 3 and not surpassing page 20

No appendix pages may be attached. Submit only recyclable white paper fastened with only one staple in the upper left corner.

Should the applicant be awarded a grant, this entire proposal shall become part of the legal contract. It will also be used as the basis for monitoring and evaluating the agency for compliance with the contract.

OBLIGATIONS OF GRANTEES

- 1) Grant awards will be negotiated with successful applicants.
- 2) Agencies funded shall comply with the following conditions that will be incorporated into the contract. The contractor shall be in compliance with all federal, state, and local laws as follow, or have a written work plan approved by the Department of Human Rights to come into compliance:
 - Iowa Civil Rights Act of 1965
 - Title VI of the 1964 Civil Rights Act
 - Section 504/Rehabilitation Act of 1973
 - Americans with Disabilities Act
 - Affirmative Action
- 3) Each provider of service shall maintain sufficient financial and statistical records. The records shall be available for review by the Department of Human Rights personnel or state audit at any time during normal business hours. These records shall be retained for a period of seven years after final payment. Reports on financial and statistical records shall be submitted as required. Client and project statistical data shall include, but not be limited to, project client demographics, project client service-related data, project client outcome, and project media/public relations activity.
- 4) The contractor shall comply with all applicable federal, state, and local laws and regulations on confidentiality including rules on confidentiality contained in Code of Iowa 216A.6. When an agency receives state funds for services performed, the agency's fiscal management systems must comply with certain state laws and regulations. The required fiscal procedures, reporting requirements, and income disbursement methods will be discussed with the grantee upon selection of the application for a grant award.
- 5) The State of Iowa is not liable for any costs incurred by the applicant prior to the issuance of a contract.
- 6) If the grantee (or any of its subcontractors) fails to comply with the grant stipulations, standards, or conditions, the Department of Human Rights may suspend the grant. Subsequent to, or during the period of suspension of the grant, the State shall not reimburse the grantee for any incurrence of obligations. Either the grantor or the grantee may terminate this contract at any time during its term by giving thirty (30) days written notice to the other party.
- 7) Termination shall be by notice of termination. Upon receipt of a notice of termination, the grantee (or any of its subcontractors) shall:
 - discontinue further commitment of grant funds;
 - cancel all subcontracts scheduled for payment; and
 - supply the state within forty-five (45) days after receipt of the notice of termination, a financial statement detailing all costs up to the effective date of the notice of termination.

OUTLINE FOR THE APPLICATION NARRATIVE

1) Statement of request

1A. Concisely state the amount of the request from the ICSW appropriation and specifically what it would be used to accomplish (elaborate on the categories from the budget sheet).

1B. Identify all other sources of income including in-kind contributions and other grant requests. Community college requests need to describe how the Local Plan for federal Perkins funds includes monies to continue the program in fiscal year 2005. Community based programs need to address accountability by describing the applicant's system of fiscal accounting and fiscal control.

2) Statement of need for the service in program area served

2A. Describe the number in the target population, and give actual or estimated numbers of Iowans in Transition to be served.

2B. Note the characteristics of the target population and describe demographic data including minority population, attitudes, and significant attributes.

3) Community support demonstrated

3A. Describe outreach and public information efforts. If appropriate, describe outreach efforts to minority population(s).

3B. List supportive resources in the community and identify kinds and sources of services provided to clients by other community agencies.

3C. Describe coordination of and linkages with other programs and related activities in the area including referral.

4) Plan to achieve economic self-sufficiency

4A. Describe planned services for Iowans in Transition by listing and defining each service.

4B. Briefly elaborate on the methods of delivering services of intake, assessment, planning, and personal counseling services.

4C. Provide a narrative interpretation for the effect of program services on achieving economic self-sufficiency.

4D. **IF the program was operational in the past two years**, indicate the total number of displaced homemakers, single parents, and female offenders in fiscal years 2003 and 2004 broken down by number on the following chart. If the program served persons who met other definitions (single pregnant women, homeless, substance abusers, etc.), please do NOT include them in the chart statistics.

	Displaced Homemakers	Single Parents	Female Offenders	Total
FY 2003				
FY 2004 (to date)				

For each fiscal year, indicate:

SEX: ____Females ____Males

AGE: ____<19 ____20-34 ____35-54 ____55-64 ____65+

RACE: ____White ____African-American ____Latina
 ____American Indian ____Asian/Pacific Islander ____Unknown

OUTCOMES:

- ____Completed an Intake
- ____Received Welfare at Intake
- ____Attended a Workshop/Seminar/Class
- ____Received Assessment/Counseling/Information
- ____Received Support Services (child care, transportation, etc.)
- ____Received Basic Education (ABE, GED, ESL)
- ____Received Academic Upgrading, Prep Classes
- ____Received Vocational Training, Degree Program, Skills Upgrade
- ____Placed in Part-time Employment
- ____Placed in Full-time Employment

5) General program structure

5A. Describe the program's general functions and mission.

5B. List program staff by job titles and descriptions of job duties in the program.

5C. Provide a table of organization showing applicant's tie to the board of directors and/or a sponsoring organization.

5D. Identify goals and objectives for the program including method of evaluation used and expected time frames.

FACE SHEET
Fiscal Year 2005
Grant Application for Funds to Serve Iowans in Transition
Iowa Commission on the Status of Women

1. Title of applicant's project:
2. Coordinator's name:
3. Telephone number:
Fax number:
Email address:
4. Mailing address:
5. Applicant has (yes or no) ☐ Board of Directors ☐ Advisory Board
☐ Property Insurance ☐ Articles of Incorporation
☐ General Liability ☐ Nondiscrimination Policy
6. Month/Year applicant first initiated services to Iowans in Transition:
7. Other business or services pursued by applicant:
8. Geographic area (by county) served for Iowans in Transition services:
9. Applicant's total projected budget for FY05: \$_____
Total ICSW grant requested for FY05
as reflected on page 2 of this proposal: \$_____
10. Sponsoring organization's name, address, telephone, and director's name.
11. Type of organization: ☐ Education institution ☐ Governmental Unit
☐ Private nonprofit agency ☐ other:

Signature of legally authorized representative or applicant

Date

**ESTIMATED BUDGET
FOR FISCAL YEAR 2005**

Use this format to specify figures as allowed under Funding. Explanations of the amounts are expected in the Application Narrative #1 Statement of Request.

	Total	ICSW Request	In-Kind	Other Sources
Personnel				
Fringe Benefits				
Travel				
Contract Services				
Operational Expenses				
Other: Specify				
Total				